**2017 International Volunteer Application Form**

**Section 1: Personal Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family Name: | | | |  | | First Name(s): | |  | |
| Address: | |  | | | | | | | Photo |
|  | | | | | | | | |
|  | | | | | | | | |
| Country: |  | | | | Post Code: | |  | |
| Telephone: |  | | | | Mobile: | |  | |
| Date of Birth: | | |  | | Nationality: | |  | |
| Email Address: | | |  | | | | | |

**Section 2: Your Scouting**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Role(s) Held in Scouting: |  | | | |
| National Association Registered with: | |  | | |
| Scouting Experience (e.g. Jamborees, Leader Training etc.): | | | |  |
|  | | | | |
| How did you hear about the Center? | | |  | |

**Section 3: About You**

|  |  |  |  |
| --- | --- | --- | --- |
| Profession: |  | | |
| Highest Educational Qualification: (e.g. High School Diploma, BA Degree etc) | | |  |
| English Proficiency: (e.g. Native, Fluent, Advanced etc) | |  | |

**Section 4: Dates**

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate for which term you would like to apply:  1st Term: 3 April – 23 June, 2017 [ ]  2nd Term: September – November, 2017 [ ]  Below are the term dates for 2017. You must arrive/departure in/from Korea during the specific period written below(when booking flights, be aware that you can only stay a maximum of 90 days in Korea). | | | |
| **Term** | **Arrival dates** | **Departure dates** | **Closing Date for Applications** |
| 1st Term 2017 | 27 March 2016 | After 22 June 2016 | 15 February 2017 |
| 2nd Term 2017 | Not confirmed | Not confirmed | 1 May 2017 |

**Section 5: Motivation and Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Motivation for Applying: |  | | |
|  | | | |
| Relevant Previous Experience: | |  | |
|  | | | |
| Skills (such as languages/sports/music etc): | | |  |
|  | | | |

**Section 6: To be Completed by all Applicants**

|  |  |  |  |
| --- | --- | --- | --- |
| If I am selected to work as an International Volunteer at the Suncheon Asia Pacific Scout Center, I agree to follow my Scout promise to do my best, and work towards creating a better Suncheon. I am prepared to follow the advice of the Center and follow the Center rules (see handbook).  I enclose the following documents:  Introduction Letter [ ] Medical Certificate [ ] International Letter of Introduction [ ]  Photograph [ ] Reference [ ] Copies of Certificates Etc. [ ]  A copy of passport [ ] | | | |
| Signature: |  | Date: |  |

**Section 7: To be Completed by your National Headquarters**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Scout Association: | |  | | | |
| Name and Position of Official: | | |  | | |
| I confirm that the applicant is a registered member of the above association, and to the best of our knowledge, is capable of fulfilling the work required by the position for which he/she has applied. [ ] (please tick) | | | | | |
| I declare that the applicant does not have a criminal record, and that they treat youth members and fellow Scouters respectfully. [ ] (please tick) | | | | | |
| Signature: |  | | | Date: |  |
| Comments: |  | | | | |
|  |

**International Volunteer Medical Certificate**

**Section 1: Personal Details (of the examined person)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family Name: | | |  | First Name(s): | |  | |
| Address: |  | | | | | | |
| Country: | |  | | Postcode: |  | | |
| Date of Birth: | | |  | Telephone no.: | | |  |

**Section 2: General Health of the Above**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In your opinion, is the above named physically and mentally able to do strenuous work for 3 Months? | | | |  |
| Does the above named have any physical or mental deficiency that could influence their ability to work at the Suncheon Asia Pacific Scout Center? | | | |  |
| If the second question is answered ‘yes’, please provide more details below: | |  | | |
|  | | | | |
| Does the above named take any regular medication? | | | |  |
| If answered ‘yes’ please specify below: |  | | | |
|  | | | | |
| Does the above have any allergy to food, medication etc.? Please give details. | | |  | |
|  | | | | |

**Section 3: Signature**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I confirm that the above named person was examined by myself today, and that their physical and mental state on that date is reflected in section 2 of this form. To the best of my knowledge, this person is capable of fulfilling the work at the center as required by the position for which he/she has applied. | | | | | | |
| Name: |  | | | | | Stamp: |
| Surgery Address: | | |  | | |
| Comments: | |  | | | |
| Signature: | |  | | Date: |  |